PTO/SB/81 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM

Application Number		10/590,167				
Filing Date		February 14, 2005				
First Named Inventor		Ian V. J. Archer				
Title	PROCESS FOR PREPARING LITHIUM AMIDE AND COMPOSITION OBTAINABLE BY SAID PROCESS					
Art Unit		N/A				
Examiner Name		Not Yet Assigned				
Attorney Docket No.		HGX-003.01				

	Atto	rney Docket No	<u>ь. HGX-0</u>	03.01			
I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
X Practitioners associated with the Customer Number: 25181 OR Practitioner(s) named below:							
	Registration	i	Registration				
Name	Number	Name	Number				
		<u> </u>					
as my/our attorney(s) or agent(s) to prosecut Patent and Trademark Office connected then		dentified above,	and to transac	ct all business in the United States			
Please recognize or change the corresp		se for the above	e-identified a	upplication to:			
x The address associated with the				pphoduori to:			
OR	abovo mondo		, van bon				
	An manau Aleemah awa						
The address associated with Cus	tomer Number:						
Firm or Individual Name							
Address				100 mg - 100			
, taarooo							
City	State		Zip				
Country	Telephone		Email				
I am the:							
x Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b)			96)				
	TURE of Applicar						
Signature /////////			Date	8-1-07			
Name lan V. J. Archer			Telephone	07905 0111 69			
Title and Company Inventor							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
forms if more than one signature is required, see b	elow".						
X *Total of 2 forms are submitted.							

10/590,167

PTC/SB/81 (01-06)

Approved for use through 12-31-2008. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number

		Filing Date		February 14, 2005					
POWER OF ATTORNEY		First Named Inventor			Ian V. J. Archer				
and							ANIDA		
CORRESPONDENCE ADDRESS			PROCESS FOR PREPARING COMPOSITION OBTAINABLE						
INDICATION FORM		Art Unit			N/A				
		Examiner Name		me	Not Yet Assigned				
			Attorney Docket No.			HGX-003.01			
I hereby revoke all previous powers of attorney given in the above-identified application.									
I hereby appoint:									
x Practitioners associated with the	Customer	Num	ber:	251	 B1				
OR			L			لسبب			
Practitioner(s) named below:									
T _{Nome}	Registratio	n	Name				Registration Number	1	
Name	Number		Name				Mailinei	1	
								1	
		j							
as my/our attorney(s) or agent(s) to prosecut	e the applica	ation ic	dentified a	above, and	to transa	ct all busir	ness in the Unite	d States	
Patent and Trademark Office connected there	ewith.								
Please recognize or change the corresp						application	on to:		
x The address associated with the	e above-me	ention	iea Cusi	omer Nun	noer:				
The address associated with Customer Number:									
Firm or			· · · · · · · · · · · · · · · · · · ·						
Individual Name									
Address									
City	State				Zip				
Country	Telepho	one			Email				
I am the:		<u> </u>			<u> </u>				
X Applicant/Inventor.									
Assignee of record of the entire interest. See 37 CFR 3.71.									
Statement under 37 CFR 3.73(b)									
SIGNAT	URE of Ap	plican	t or Assi	gnee of Re	ecord				
Signature No Von	<u> </u>			Da	te	09	FOB 2007		
Name Noel A. Hamill				Tel	ephone	4443	890301448		
Title and Company Inventor									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
x *Total of 2 forms	are submitte	d.							